

Check Space Branch _____ Dental _____ Eng. Div. _____ Other _____	INDIANA STATE DEPARTMENT OF HEALTH Environmental Laboratory Division 1330 West Michigan Street P.O. Box 7202 INDIANAPOLIS, INDIANA 46207-7202 CHEMICAL EXAMINATION OF WATER	Do not write in this space Lab No. _____ Date Rec. _____ Date Rep. _____
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FILL IN THIS SPACE. USE SOFT PENCIL Indiana State Department of Health is to mail report to:	Also, mail copy of report to
(Name) _____	(Name) _____
(Street) _____ IN _____	(Street) _____ IN _____
(City or Town) _____ (Zip) _____	(City or Town) _____ (Zip) _____

Name of Utility of Organization _____ Supt. _____
City or Town _____
Collected by _____ Date Collected _____ Hour _____
Where was sample collected? _____ Bottle No. _____
Name unusual conditions _____
PWS Identification Number _____

FIELD INFORMATION		LABORATORY INFORMATION					
Indicate all treatment this sample has received			Check	Do not Check mg/l		Check	Do not Check mg/l
No treatment	Check				Arsenic		
Chlorination					Barium		
Plain sedimentation		Turbidity			Cadmium		
Aerated and settled		pH			Chromium (total)		
Potassium Permanganate					Lead		
Coagulant Aide		Hardness as CaCO3			Mercury		
Prechlorinated		MO Alk. as CaCO3			Selenium		
Filtered		PP Alk as CaCO3			Silver		
Postchlorinated					Fluorides (direct) as F		
Zeolite softened		Iron			Nitrate+Nitrite as N		
Lime-soda softened		Manganese			Nitrates as N		
Coagulated and settled					Nitrite as N		
Phosphate treatment		Calcium			Organics		
Fluoride treatment		Magnesium			Endrin		
		Sodium			Lindane		
		Potassium			Methoxychlor		
					Toxaphene		
		Chlorides as Cl			2,4-D		
FIELD EXAMINATION		Sulphates as SO4			2,4,5-TP		
pH		Phosphates as PO4					
CO2 mg/l					Radionuclides		pCi/l
Iron mg/l		Alum			Gross Alpha		
		Sp. Cond. μmhos/cm			Gross Beta		

REMARKS:
